2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2005 8:00 am
Secretary of State

04-14-2005 90119 001 ***300.00

DOCUMENT # P02000109275

1. Entity Name
TWIN OAKS LANDSCAPING, INC.

Principal Place of Business	Mailing Address
1010 DAVE TREE ST NAPLES, FL 34117	1010 DAVE TREE ST NAPLES, FL 34117

66016697

02022005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.: 1010 DOVE TREE ST		Suite, Apt. #, etc.: 1010 DOVE TREE ST	
City & State: NAPLES, FL		City & State: NAPLES, FL	
Zip: 34117	Country	Zip: 34117	Country

4. FEI Number: 55-0808701 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PAU JR, ARNOLD ~~5341 TAMARINO ROSE DR~~ ~~NAPLES FL 34119~~	Name: ARNOLD PAU, JR Street Address (P.O. Box Number is Not Acceptable): 3928 Upolo Ln. City: NAPLES FL Zip Code: 34119

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S PAU JR, ARNOLD VP/T 1010 DOVE TREE ST NAPLES, FL 34117	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Pau Pau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #